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Express Mail No. EV389435993US  
US Utility Patent Application  
Applicant: M. Cuppy  
Filed March 10, 2004

From

BULBRIGHT & JA WORSKI L.L.P.  
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17497 U.S.PTO  
10/797526

031004

### PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

"Express Mail" label No. EV389435993US  
Date of Deposit: March 10, 2004

I hereby certify that this is being deposited with the United States Postal Service Express "Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: John Klos  
Printed/Typed Name: John F. Klos, Esq.

Sir:

Transmitted herewith for filing under 37 C.F.R. 1.53(b) is a(n):

- Utility
- Original patent application,

Applicant: Michael Cuppy  
For: Vascular Access Device and Method of Using Same  
Docket: 22,239-06US

Enclosed are:

1.  18 pages of written description, claims and abstract.
2.  10 sheets of drawings.
3.  Combined Declaration and Power of Attorney.
  - (a)  Newly executed (original or copy)
  - (b)  Copy from prior application (37 CFR 1.63(d))  
*(for continuation/divisional if Box 5 completed)*
4.  Incorporation by Reference *(useable if Box (b) is checked)*.

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 3(b), is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

5.  If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
  - Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_.
6.  Assignment Papers (recordation cover sheet and assignment).
7.  Applicant claims small entity status under 37 CFR 1.9 and 37 CFR 1.27.
8.  Information Disclosure Statement and Form PTO-1449.  Copies of IDS Citations.
9.  Preliminary Amendment
10.  Return Receipt Postcard (MPEP 503) *(should be specifically itemized)*

25394111.1

11.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)  
 12.  Other:

**13. Utility Fee Calculation**

| CLAIMS | (1) FOR   | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS              |            |
|--------|---|------------------|------------------|----------|-------------------------------|------------|
|        | TOTAL CLAIMS<br>(37 C.F.R. § 1.16(c) or (j))  | 24               | - 20 =           | 4        | X \$ 18                       | = \$ 72.00 |
|        | INDEPENDENT CLAIMS<br>(37 C.F.R. § 1.16(b) or (l))  | 4                | - 3 =            | 1        | X \$ 86                       | = 86.00    |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))   |                  |                  | +        |                               | =          |
|        |   |                  |                  |          | Basic Fee                     | 770.00     |
|        |   |                  |                  |          | Total of above Calculations = | \$ 928.00  |
|        | Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28)                                |                  |                  |          |                               | 464.00     |
|        | * Reissue claims in excess of 20 and over original patent<br>** Reissue independent claims over original patent |                  |                  |          | TOTAL =                       | \$ 464.00  |

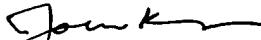
**Method of Fee Payment**

14.  A check in the amount of \$0.00 to cover the filing fee is enclosed.  
 15.  A check in the amount of \$0.00 to cover the assignment recordal fee is enclosed.  
 16.  Please charge my Deposit Account No. 50-1212 (JFK/22,239-06US) in the total amount of the filing fee and the assignment recordation fee, if any. A duplicate of this Transmittal Letter is enclosed.  
 17.  The Commissioner is hereby authorized to charge any deficiency in the enclosed fees under 37 C.F.R. §1.17, or credit any overpayment, to Fulbright & Jaworski L.L.P., Deposit Account No. 50-1212 (JFK/22,239-06US).  
 18.  Correspondence Address:

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 Telephone No.: (612) 321-2806  
 Facsimile No. (612) 321-9600

Respectfully submitted,  
 Cuppy Medical Products Inc., by its attorneys,

Dated: March 10, 2004

  
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